Health Workforce Webinar:
Health Professions Minimum Data Set

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The HRSA National Center for Health Workforce Analysis

Mission

- To promote the supply and distribution of well-prepared health workers to ensure access to high quality, efficient care for the nation.

- To support more informed public and private sector decision making related to the health workforce through expanded and improved health workforce data, projections and information.

NCHWA : Core Activities

1. Expanded and improved health workforce data collection and analysis

2. Improved projections of supply and demand/need

3. Broad dissemination of findings, data and information

4. Collaboration with states and other key groups to collect and analyze health workforce data and identify needs

Other Data from the National Center for Health Workforce Analysis

➢ Compendium of Federal Data Sources for Health Workforce Analysis
http://bhpr.hrsa.gov/healthworkforce/compendiumfederaldatasources.pdf

➢ The U.S. Nursing Workforce: Trends in Supply and Education

http://bhpr.hrsa.gov/healthworkforce

Area Health Resources Files (2013)

- County-level health resource information database
- Compiles data from over 50 different sources, with over 6,000 variables
- Data for over 20 health professions

New AHRF release in June 2013

- includes additional data on environmental indicators and NHSC sites/providers
- Improved web-based tools: Health Resources County Comparison Tool & Mapping Tool.
- State, national data coming soon

http://arf.hrsa.gov

Health Care Delivery: Not One Size Fits All

Pharmacy-based clinics

Community Health Workers

Registered Nurses

Community-based care

Psychologists

Optometrists

Case Managers

Physicians

Nurse Practitioners

Physical Therapists

Dental Therapists

Telemedicine

Nutritionists/ Dieticians

Pharmacists

Home Health Aides

Physician assistants

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Consistent Data Collection Is Needed

- Extensive data are collected but with variability

- Inconsistencies makes comparisons difficult

- Sample analytic challenge: defining an FTE
    - What number of hours defines an FTE?
    - What type of hours count toward a professional's FTE status?

- Accurate, comparable data are critical to inform state- and federal-level policy decisions

In other words:

Who is providing care?

What are practitioners doing? and

Where are they doing it?

Health Professions Minimum Data Set (MDS)

- Basic, *minimum,* consistent guidelines for fundamental questions
- Focus on supply and distribution
  - Demographics, education/training, practice characteristics
- Comparable data across professions, locations and time
- Can be implemented by professions, states, professional organizations

Sample MDS Questions

Demographics:

Birth date: _ _   _ _   _ _ _ _
            month   day   year

Education:

What year did you complete your medical degree? _ _ _ _

Practice Characteristics:

What is the location of the site(s) where you spend most of your time providing direct clinical/patient care?

_____   _____   _____   _____
        street   city   state   zip

Direct patient care hours per week at site: __ __

MDS Professions

Physicians (allopathic, osteopathic)

Nurses (including advanced practice)

Physician assistants

Physical therapists

Pharmacists

Dentists

Dental hygienists

Occupational therapists

Psychiatrists

Psychologists

Social workers

Licensed professional counselors

Substance abuse counselors

Behavioral Health Occupations

Health Professions Minimum Data Set (MDS)

- Informs state and local policies and resource allocation

- Cost-effective approach to collecting needed data

- **State licensure boards are in the best position to support this endeavor**

- **States are in the best position to work with state licensure boards**

The Minimum Data Set: What's In It For the Federal Government?

1. Clearer understanding of the national supply and demand across the health workforce

2. Stronger understanding of the relative supply of various health professions

3. Increased ability to provide technical assistance to states

The Minimum Data Set:
What's In It For A State?

1. Ability to compare your state to others on supply and distribution of health care workers

2. Ability to identify underserved areas within your state

3. Information to guide state policy development

4. Information for state educational institutions to help guide program investments and enrollment decisions

5. Information to support funding applications

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The Minimum Data Set: What's In It For A Profession?

1. Clearer understanding of workforce participation, including entry, retention, migration, exit, and re-entry

2. Stronger understanding of structural workforce issues, including participation, aging, and sex

3. Development of accurate and consistent information for planning and resource allocation

4. Enhanced planning for the future, including development of educational pipeline programs

MDS: From Soup to Nuts

Two phases

Phase 1 – Development
Phase 2 – Implementation

Six steps

Step 1: Identifying potential sources of data and potential partners
Step 2: Drafting the data elements
Step 3: Obtaining commitment of key stakeholders
Step 4: Implementing the MDS at the point of data collection
Step 5: Building and maintaining a high quality national database
Step 6: Using the database to inform policy and decision making

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Phase 1: MDS Development

Step 1: Identifying potential sources of data and potential partners

Step 1: MDS Partners

<u>Physicians</u>	<u>Psychiatry</u>
Federation of State Medical Boards	American Board of Psychiatry and Neurology, Inc.
<u>Nursing</u>	<u>Psychology</u>
National Council of State Boards of Nursing	American Psychological Association
<u>Physician Assistants</u>	Association of State and Provincial Psychology Boards
nccPA Health Foundation	
National Commission on Certification of Physician Assistants	<u>Social Work</u>
	Association of Social Work Boards
<u>Pharmacy</u>	National Association of Social Workers
American Association of Colleges of Pharmacy	<u>Licensed Professional Counselors</u>
National Association of Boards of Pharmacy	National Board for Certified Counselors and Affiliates, Inc.
<u>Dentists</u>	
American Dental Association	<u>Substance Abuse Counselors</u>
<u>Dental Hygiene</u>	International Certification & Reciprocity Consortium
American Dental Hygienist Association	
<u>Physical Therapy</u>	NAADAC, the Association for Addiction Professionals
American Physical Therapy Association	
Federation of State Boards of Physical Therapy	
<u>Occupational Therapy</u>	
National Board for Certification in Occupational Therapy	

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Phase 1: MDS Development

Step 1: Identifying potential sources of data and potential partners

Step 2: Drafting the data elements

Step 3: Obtaining commitment of key stakeholders

Phase 2: MDS Implementation

Step 4: Implementing the MDS at the point of data collection

Step 5: Building and managing a high quality national database

Step 6: Using the database to inform policy and decision making

How Far We've Come: National Implementation

- Drafted MDS data elements and terminology
- Determined appropriate MDS champions
- Convened to finalize MDS (most professions)
- Incorporated MDS into data collection (some professions)
- Beginning to analyze MDS data (some professions)
- Additional professions are developing MDS

MDS Progress: Professions

- **11 completed or near-complete MDS**
- MDs: Performing state outreach; developing IT infrastructure
- RNs: Partnering with nearly all states
- PAs: MDS data being cleaned and analyzed
- PTs: Finalized MDS; planning IT infrastructure
- Pharmacy: Incorporating into CPE Monitor
- DHs: Pilot tested MDS

MDS Progress: Professions

- OTs: Completed first renewal cycle with MDS questions

- Psychiatrists: Pilot testing MDS for future inclusion at MOC

- Psychologists: Finalized MDS; developing IT infrastructure

- SWs: Convening partners to finalize MDS

- LPCs: Finalized MDS

- SACs: Developing IT infrastructure; adding questions to initial certification

MDS Challenges So Far

- Establishing partnerships
- Ensuring sustainability of project
- Getting from design to implementation

Overall: One size does not fit all

What's Next:

MDS implementation at the state level

MDS Implementation: States

- DC: Physician Profile with MDS questions

- MA: MDS for seven professions

- MN, OR: MDS questions at re-licensure

- OH: Working with MD and RN boards

- VA: 9 professional surveys with MDS questions

What can States be doing to implement the MDS?

- Gain buy-in from licensure boards

- Develop relationships with national MDS champions

- Build a business case for IT development

- **Use the National Center as a resource**

Conclusions

Having accurate health workforce data is critical

The MDS fuses best practices with existing efforts

States, professions, and the National Center can work together